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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	09764.321
Filing Date	01/18/2001
First Named Inventor	SRIDHAR
Art Unit	2161
Examiner Name	Filipczyk, Marcin R.
Attorney Docket Number	AMPS-P004

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number 32,986

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Applicant no longer wishes to pursue this patent application.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

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OR

☒ Firm or Individual Name Narashiman Kishore Manyam

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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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